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Number of Pages (including this page)

Date:

November 10, 2005

Examiner: Nguyen, Thuan T..

To:

Art Unit: 2685

Location:

United States Patent and Trademark Office

∞£3

Fax No.:

571-273-2885

From:

Attorney: Benjamin D. Driscoll

Reg. No. 41,571

Subject:

Serial No. 09/823,289 Filed: 3/30/2001

Docket No. BCS03846-04

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MESSAGE:

Enclosed herewith, please find Amendment in response to Office Action mailed August 10, 2005, Information Disclosure Statement, and Fee Transmittal for filing in the above-identified application.

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EXAMINER:

Nguyen, Thuan T.

GROUP ART UNIT:

2685

ATTORNEY DOCKET NO .:

BCS03846-04

P.05

Effective on 12/08/2004				Complete If Known						
Fees pursuant to the Concoldisted Appropriations Act. 2005 (H.R. 4818)			Appli	cation Number	09/823,28	^ -	PNYRA	CEIVED		
FEE TRANSMITTAL			Filing	Date	March 30,			ماني. ماني		
For FY 2005				First Named Inventor			er	NOV	10 20	
Applicant claims small entity status, See 37 CFR 1.27			Exan	Examiner Name			huan T.			
				Group Art Unit						
TOTAL AMOUNT OF PAYME	ENT (\$) 180	Attori	ney Docket No.		BCS03846	3-04			
METHOD OF PAY	MENT (check	all that apply)								
Check	Credit card	Money Order		None _	Other (p	please ider	 ntify):			
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information and authorize	-	38.								
FEE CALCULATIO										
1. BASIC FILING,	SEARCH, AN ING FEES				/ a a a a a a a a a a a					
rı.	NG FEES	Small Entity	ARCH F	EES EX Small Entity	KAMINAT	ION FEES	ll Entity			
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$)		ee (\$)	Fees Pa	uid (\$)	
Utility	300		500	250	200		100		107	
Design	200		100	50	130		65			
Plant Reissuc	200 300		300 500	150 250	160		80			
Provisional	200	100	0	230	600 0	-	300 0		[]	
2. EXCESS CLAIM	TEEC		•	J	v		٠ ١	_		
Fee Description						Fa	e(\$)	Small Entil Fee (\$)	tx	
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent)	25		
Multiple dependent claim	3		ıı cızım mç	ore than in the ongil	nai patent	20i 36i		100 180	1	
Total Claims	Extra Clair =	ns Fee (\$)	Fee	Pald (\$)		ependent Cla				
HP=highest number of tota			L.		<u> Fee(\$)</u>	<u></u>	Paid (\$)]		
Indep. Claims	Extra Clair	<u>ns</u> <u>F</u> ee (\$)	Fee Paid	l (\$)	-				İ	
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HP=highest number of indepo	endent claims paid	for, if greater than 3								
3. APPLICATION S	IZE FEE:									
If the specification and do or fraction thereof. See 3	awings exceed 1 5 U.S.C. 41(a)(1	00 sheets of paper, the :)(G) and 37 CFR 1 18/s)	application \	size fee due la \$26	50 (\$125 for	small entity)	for each ad	dditional 50	sheets	
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4. OTHER FEE(S)								Fee Pai	id (\$)	
Information Disclosure Sta	atement							\$180	ĺ	
SUBMITTED BY						Complete (if ap	rplicable)			
Name (Print/Type)	Benjamin D) Driscoll		Registration No.	41,571	<u> </u>		215-323-1	B40	
1 15-41		_		1	1 71,071	Telepho	one			
Signature		Pon o- on			D	ate Nove	ember 10,	2005		